STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290021	A. BUILDING _____ B. WING _____	C 01/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HOSPITAL MEDICAL CENTER	620 SHADOW LANE LAS VEGAS, NV 89106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of an EMTALA complaint survey which was conducted at your facility from 1/29/09 through 1/30/09. The census at the beginning of the survey was 296. Forty (40) patient records were sampled. The following complaint was investigated: CPT #NV20542 - Substantiated (TAG A2406) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory requirements were not met.	A 000		
A2400	489.20(l) COMPLIANCE WITH 489.24 [The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24. This STANDARD is not met as evidenced by: Based on findings at A2406, the facility failed to ensure compliance with CFR 489.24.	A2400		
A2406	489.24(r) and 489.24(c) MEDICAL SCREENING EXAM Applicability of provisions of this section. (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (i) provide	A2406		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290021	A. BUILDING _____ B. WING _____	C 01/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HOSPITAL MEDICAL CENTER	620 SHADOW LANE LAS VEGAS, NV 89106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A2406	Continued From page 1 an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and (b) If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section. (2) Nonapplicability of provisions of this section. Sanctions under this section for inappropriate transfer during a national emergency or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act. A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the applicable declaration of a public health emergency, as provided for by section 1135(e)(1)(B) of the Act.	A2406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290021	A. BUILDING _____ B. WING _____	C 01/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HOSPITAL MEDICAL CENTER	620 SHADOW LANE LAS VEGAS, NV 89106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A2406	Continued From page 2	A2406		

(c) Use of Dedicated Emergency Department for Nonemergency Services
If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.

This STANDARD is not met as evidenced by:
Based on interview, record review, and document review, the facility failed to provide an appropriate medical screening for 1 of 40 sampled patient records and allowed the patient's transport off of the hospital grounds (#12).

Findings include:

Patient #12 was a 42 year old female who was found within the property of Hospital #A on 12/13/08 in the late afternoon. Patient #12 was found unconscious on the ground with frank bleeding to the head.

Record Review

On 1/29/09 at 8:00 AM, review of transportation's Patient Care Record dated 12/30/08 (no time indicated) revealed, a patient (Patient #12) was found on the ground AxOxO (alert, oriented x 0) at Goldring 2020. Patient #12 was noted to have hematoma. The clinical impression was, Patient #12 was "altered secondary to ETOH" (alcohol). Initial vital signs: Pulse 88, Respirations 16 with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290021	A. BUILDING _____ B. WING _____	C 01/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HOSPITAL MEDICAL CENTER	620 SHADOW LANE LAS VEGAS, NV 89106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A2406	Continued From page 3 oxygen saturation of 98%, with the same vital signs recorded at 1820 (6:20 PM). The Patient Care Record further revealed, "Per Charge Nurse, patient allowed off property to __ (Hospital B); Supervisor notified." The Security Daily Activity Log dated 12/30/08 from 1750 (5:50 PM) to 1820 (6:20 PM) revealed, "Security was notified about a person sleeping by Building 2020, when security arrived, found a female lying on the road by the half wall; Upon closer look blood we found female bleeding from the head, breathing and unconscious. Called PBX (operator) and requested EMS (emergency medical services) be sent to our location." Hospital B's Emergency Department Record revealed, Patient #12 had a scalp laceration of 1.5 cm (centimeters) and ETOH (alcohol) intoxication. Patient #12 received IV (intravenous) fluids and the wound to the head was stapled. Patient #12 was discharged home on 12/31/08 at 6:05 AM. The patient was ambulatory upon discharge. Interview On 1/29/09 at 2:40 PM, the Emergency Department (ER) Director revealed, the corner area of Tonopah and Goldring where Patient #12 was found was within Hospital #A's property. The ER Director further revealed, "if and when a patient is found within the hospital grounds and/or within the 250 feet rule, the patient would be brought in to (Hospital #A's) ER department. The corner of Tonopah and Goldring area (where Patient #12 was found) was (Hospital #A's)	A2406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290021	A. BUILDING _____ B. WING _____	C 01/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HOSPITAL MEDICAL CENTER	620 SHADOW LANE LAS VEGAS, NV 89106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A2406	Continued From page 4 property." On 1/29/09 at 3:47 PM, 2nd Shift Security Supervisor (Employee #4), verified working on the evening of the incident and was one of the responders. Employee #4 further revealed, "The lady looked like she tripped on the speed bump. The incident happened or the lady was found on the hospital property; She was unconscious and was bleeding from the head; I went to the ER to get a nurse and a nurse came out to make sure the patient was okay. As I went to get a nurse, the ambulance was called. Since she was bleeding from the head, she was taken to __ (Hospital #B) because it was the driver's (ambulance) decision to take her there because of the bleeding." On 1/29/09 at 4:15 PM, the Administration Director and ER Director revealed, "the nurse was called first and then, the ambulance was called (referring to the incident)." Per the Administration Director, "EMS has trauma protocol and it was up to them where to take the patient. If the incident or accident happened within the hospital property but if it was a trauma case, then the patient would be taken to Hospital B. Plus, Goldring and Tonopah (where Patient #12 was found) is too far for a gurney to be taken there. There are multiple barriers like speed bumps and it would not have been a smooth transport. It would have taken longer for us to take a gurney there and come back with the patient. The distance and how the patient presented herself needed to be considered, and Hospital B was a lot closer compared from our ER location to the scene."	A2406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290021	A. BUILDING _____ B. WING _____	C 01/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HOSPITAL MEDICAL CENTER	620 SHADOW LANE LAS VEGAS, NV 89106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A2406	Continued From page 5	A2406		

The ER Director further revealed, "The nurse went out there with the security who got her from the ER Department. By the time the nurse and the security officer got to the scene, the ambulance was already there. Apparently, someone had alerted the security in their office to notify them that a woman was down."

On 1/29/09 at 4:55 PM, Employee #6 revealed, "I was told a woman was found down at the parking lot. When me and Dr. __ (Employee #9) got there, Las Vegas Fire Department was already there. Dr.__ (Employee #9) assessed the patient and told the paramedics to bring her back in. We expected to see the patient but she was never brought in. I know the patient very well. She's an alcoholic who is in and out of our ER. She was seen in ER earlier that day. Actually, I was not really directly notified about this incident; It was just through word of mouth and that a security person went in to the ER and just said to some people, someone was down at the parking lot. When I heard about it, I just went out and Dr. __ (Employee #9) went with me."

Employee #6 further revealed, "Two days after the incident, I saw the same paramedics, so I asked what happened to the patient. I was told, it was a trauma case and so the patient was taken to __ (Hospital B) instead."

On 1/30/09 in the afternoon, Employee #6 via phone interview clarified information:

Employee #6 revealed, "It was through word of mouth that I found out about the woman who was down at the parking lot." Patient #12 was a frequent visitor to Hospital #A's ER department.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290021	A. BUILDING _____ B. WING _____	C 01/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HOSPITAL MEDICAL CENTER	620 SHADOW LANE LAS VEGAS, NV 89106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A2406	Continued From page 6 Employee #6 further revealed, "When we (along with Employee #9) went out to see her (Patient #12), the paramedics were already there. She was still on the ground but the paramedics were in the process of moving her and applying the cervical collar on her. So, Dr. __ (Employee #9) just told them (paramedics) to load her and bring her back in. We prepared a bed for her. When they did not show up, I assumed the patient was taken somewhere else. I did not call __ (Hospital B) to check because of HIPPA (privacy) regulations and __ (Hospital B) did not call us. The EMT did not notify us that the patient was taken to __ (Hospital B) instead. When I saw the EMT two days later, I asked what had happened to the patient and I was told, 'she looked like she met trauma criteria so we took her to __ (Hospital B)'." On 2/3/09 at 3:10 PM, EMT #1 (Emergency Medical Technician) with AMR (American Medical Response) revealed via phone interview, "The patient was found in supine, lying position, somewhat on her right side. There were clots of blood in her hair and was barely arousable. Security was at the scene. As soon as I arrived at the scene, 2 charge nurses arrived at the scene (Employee #6 and Employee #8), but I did not know who was in charge that day." EMT #1 further revealed per assessment that Patient #12 had 13 or less GCS (Glasgow Coma Scale) and per protocol, would meet trauma criteria. The 2 nurses at the scene "stood there and watched me care for the patient with a lot of blood on my hands." The EMT indicated there was no physician at the scene that he could remember.	A2406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290021	A. BUILDING _____ B. WING _____	C 01/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HOSPITAL MEDICAL CENTER	620 SHADOW LANE LAS VEGAS, NV 89106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A2406	Continued From page 7 EMT #1 felt Patient #12 had met the trauma criteria per protocol and the care which Patient #12 needed, was beyond the care Hospital #A could provide. EMT #1 asked one of the two nurses, based on protocol if it would be okay with them if he could take the patient to Hospital B instead as the patient was on Hospital #A's property. EMT #1 revealed, Employee #6 told him it would be okay to take Patient #12 to Hospital B. The EMT then called paramedics supervisor to report the scenario and informed the supervisor of the plan to transfer the patient to Hospital B with Hospital #A's approval. Per EMT #1, the supervisor was okay with the plan as long as Hospital #A's charge nurse was okay with it. Patient #12 was then taken to Hospital B and the patient was not assessed by any of the staff from Hospital #A per the EMT. On 2/4/09 at 3:10 PM, Employee #9 revealed via telephone interview, Employee #6 and Employee #9 had learned someone was down at Hospital #A's parking lot through a security personnel radio. Employee #9 further revealed Patient #12's location was far and added, "We (Employee #9 and Employee #6) got there almost the same time as the AMR and the Fire Department. The Fire Rescue had the first hands-on, on the patient." Employee #9 further revealed, Patient #12 had a cut in the head, was told Patient #12 was breathing and was talking. Employee #9	A2406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290021	A. BUILDING _____ B. WING _____	C 01/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HOSPITAL MEDICAL CENTER	620 SHADOW LANE LAS VEGAS, NV 89106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A2406	Continued From page 8	A2406		

indicated Employee #6 mentioned Patient #12 was seen earlier that day.

When asked if Employee #9 examined Patient #12 prior to transport, Employee #9 replied, "No; I didn't. I just told the EMS to bring her in and I anticipated that a CT (Computerized Tomography) Scan would need to be done." Employee #9 stated it was discussed with Employee #6 that Patient #12 would need to be medicated and "CT scan needs to be done."

On 2/4/09 at 4:00 PM, EMT #2 revealed, Patient #12 was down on Tonopah. Upon arrival to the scene, a security personnel was already at the scene. EMT#2 and his partner, EMT #1 were assisted by the Las Vegas Fire Rescue in caring for Patient #12. Per EMT #2, there was no assistance provided by any of the hospital staff but remembered a female employee was at the scene who talked with EMT #1. EMT #2 stated, "I know that the female nurse had talked with my partner. I just don't know the details. But after they talked, there was a conclusion to take the woman (Patient #12) to __ (Hospital B)... There were several people at the scene and I couldn't tell who were there exactly. But I do remember that there was a female nurse who I thought directed my partner to take the patient (Patient #12) to __ (Hospital #B)."

Document Review

Review of the Guidelines and Procedures effective 3/1986 titled "Transfer of Patients (Outside Valley Hospital Medical Center)," revealed:

"... A. It is practice of __ (Hospital #A) to provide

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290021	A. BUILDING _____ B. WING _____	C 01/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HOSPITAL MEDICAL CENTER	620 SHADOW LANE LAS VEGAS, NV 89106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A2406	Continued From page 9	A2406		

emergency services and care to any person who requests services or care, or whom services or care is requested.

Definition: "Emergency services and care" means screening, examination, and evaluation by an emergency physician or qualified medical personnel who has consulted with a physician to determine:

... 2. Whether the patient has an "emergency medical condition" (i.e., a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medial attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious dysfunction of any bodily organ or part, and it is not possible to assure with reasonable medical probability that no material deterioration in the patient's condition is likely to result from or occur during the patient's transfer to another hospital).

... B. Transfer of patients to other facilities will only be done under the following circumstances:

1. Patient request/private physician request.

2. The hospital is unable to provide the level of care necessary for the patient's status.

3. Procedures or services are not available.

C. A physician's order is required for any transfer along with arrangements for acceptance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290021	A. BUILDING _____ B. WING _____	C 01/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HOSPITAL MEDICAL CENTER	620 SHADOW LANE LAS VEGAS, NV 89106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A2406	Continued From page 10 and assumption of care by a physician at the receiving facility." Complaint #NV20542	A2406		